

rudimentary uterus, the right adnexa being absent. Histologically the ovary presented the foetal type, the superficial epithelium being absent. Birnbaum alludes to fifteen cases of hernia of the ovary collected by Küstner, and adds eight others which came under his own observation. The condition is in most instances congenital and is often associated with failures of development. Taxis is usually impossible, so that operation becomes necessary—either replacement of the uterus, or extirpation of the latter and ovary if the uterus is rudimentary.

Perforation of the Uterus.—TREUB (*Zentralblatt f. Gynäkologie*, 1906, No. 28) reports the two following cases of perforation of the uterus:

CASE I.—A woman in order to interrupt pregnancy, introduced into the uterus a bougie, which she left *in situ* for some time while she attended to her work. When she tried to remove the instrument only the knob on the end came away. Three weeks later she entered the clinic with slight bleeding, but no fever. A fluctuating tumor was felt above the symphysis with some resistance in the cul-de-sac. On incising a preperitoneal abscess, the bougie was removed.

CASE II.—A woman who had passed over her period eight days introduced a catheter into the uterus, and being unable to find it again entered the clinic three days later. A mass could be felt in Douglas' pouch, but on incising posteriorly nothing could be palpated. The uterine cavity was dilated and explored but the catheter could not be felt. The curette removed some decidual membrane. The patient's temperature rose and a swelling appeared over Poupert's ligament on the right side, in which the catheter was found to be imbedded.

Hemorrhagic Endometritis.—GOTH (*Monatschrift f. Geb. u. Gyn.*, 1906, Band xxiii, Heft 5) calls attention to the fact that the first menstruation after curetting is usually delayed, probably due to the protracted renewal of the endometrium. Hemorrhagic endometritis is most common during the period of sexual activity, and is usually accompanied by hypertrophy of the endometrium in nullipare, hyperplasia being most common in those who have borne children. The histological character of the endometritis is not influenced by disease of the uterus or adnexa

Fibroma of the Ovary.—LOSINSKI (*Russki Vratsch; Zentralblatt f. Gyn.*, 1906, No. 29) reports the case of a girl, aged sixteen years, with a solid abdominal tumor accompanied with moderate ascites. The tumor was a fibromyoma of the left ovary, weighing over a pound. The writer commenting on the presence of smooth muscle-fibers, believes that they are derived from the utero-ovarian ligament and the middle coat of the small arteries. He alludes to forty-nine cases collected by Basso.

Gonorrhœal Infection of the Urinary Tract in the Female.—KNORR (*Zentralblatt f. Gyn.*, 1906, No. 30) bases his deductions on cystoscopic examinations of upward of 3000 patients, extending over a period of seven years. He is fully in accord with Bumm with regard to the infrequency of gonorrhœal cystitis and ascending infection. While the urethra and neck of the bladder are often infected, pure gonorrhœal

inflammation of the body of the organ is very rare, and is then likely to be circumscribed. The cystoscopic picture is one of congested areas or petechiæ. This appearance is by no means pathognomonic, however.

Other observers have had a similar experience with regard to the infrequency of vesical infection. No satisfactory explanation of this fact is offered. Gonorrhœal pyelitis is still more rare, and is usually due to secondary infection, from catheterizing the ureters. Gonococci have been found in the kidneys in a few cases, but these may have made their way through the lymph channels. As regards therapy, Knorr recommends applications of nitrate of silver in urethritis, weak solutions being injected into the bladder if that organ is affected. The injection of a solution of nitrate of silver into the pelvis of the kidney, as recommended by Kelly, is advisable only in a protracted case.

Degeneration of Uterine Fibroids.—PIQUAND (*Thèse de Paris; Zentralblatt f. Gyn.*, 1906, No. 31) from a study of 200 specimens arrives at the conclusion that over 30 per cent. undergo degeneration, especially between the ages of forty and forty-five years. Hence, the inference that while the menopause may lead to an improvement in the symptoms, or to a diminution in the size of the tumor, in a considerable proportion of the cases degenerative changes are to be expected. Early operation is accordingly advised.

Tuberculous Ovarian Cysts.—RENNY (*Thèse de Lyons; Zentralblatt f. Gyn.*, 1906, No. 34) adds a case to the seventeen already reported. He states that the diagnosis can be made only after bacteriological examination of the cyst. Infection of the latter is always secondary to a tuberculous peritonitis or salpingitis. If no source of infection can be found the cyst was probably infected through the bloodvessels.

Mortality in Uterine Fibroids.—PELLANDA (*Thèse de Lyons; Zentralblatt f. Gyn.*, 1906, No. 34) in analyzing 171 fatal cases found that 5.2 per cent. of the patients died from cachexia, 6.4 per cent. from hemorrhage, 49.5 per cent. from sepsis, and 25.8 per cent. from obstruction of the intestines or ureters. 11.1 per cent. succumbed from thrombosis and embolism or cardiac disease. The average age of the deceased was forty-four years and nine months.

Pulmonary Complications after Laparotomy.—BIBERGEIL (*Archiv. f. Chirurgie*, Band lxxviii, Heft 2) observed 283 cases after 3909 abdominal sections. The most frequent condition was bronchopneumonia, referable to aspiration during narcosis. Lobar pneumonia was rare, probably due to infection with the pneumococcus in the contents of the mouth or to development of the micro-organism already in the lung, on account of the weakened power of resistance of the patient. Bibergeil is skeptical with regard to the relation of pneumonia to infection within the abdominal cavity. As prophylactic measures he recommends thorough cleansing of the mouth and fauces before anesthesia and irrigation of the stomach previous to gastrointestinal operations. The patient should be protected from cold, her position changed frequently after operation, and she should be allowed to sit up as soon as possible.